State of California
Department of Pesticide Regulation
TRAVEL EXPENSE CLAIM
DPR-027 (Rev. 3/04)

See Instructions and Privacy Statement on Reverse Side

☐ Out-of-State Trip No. _____   ☐ Travel   ☐ Training

Claimant's Name	Telephone Number	Employee Number

Home Address	City	State	Zip Code	Position

Headquarters Address	City	State	Zip Code	Branch	CB/I No.

(1) Month/Year / (2) Time Depart Return	Date	(3) Location Where Expenses Were Incurred (Between what Points)	(4) Lodging	(5) Meals Breakfast	Lunch	Dinner	(6) Incid'l	(7) Transportation (A) Cost	(B) Type	(C) Tolls Carfare Pkg.	(D) Private Car Miles	Amt.	(8) Business Expense	(9) Total Expenses for Day
Sub Total (Acct. Use Only)														
TRAVEL ADVANCE			$											
(10) CLAIM TOTAL												$		

(11) Purpose of Trip, Remarks & Details	(12) Normal Work Hours
	(13) Private Vehicle License No.
	(14) Mileage Rate Claimed

(15) I HEREBY CERTIFY, that the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750 - 0754 pertaining to vehicle safety and seat belt usage.

Claimant Signature	Date

(16) Signature of Officer Approving Travel and Payment	Special Expense Authorization (See item 17 on reverse)

(18) Program Use				Accounting Use Only					
Index	PCA	%		Obj. Code	Amount	Tax	Non-Tax	Check Number	TEC Amt. Due

Forward original and one copy, with required vouchers/receipts, (original and one copy), to DPR's Accounting Office

INSTRUCTIONS

Expense accounts are to be submitted at least once a month and not more often than twice a month, except where the amount claimed is less than $10.00, the claim need not be submitted until it exceeds $10.00 or until June 30, whichever occurs first. Requests for reimbursement of out-of-state travel or relocation expenses must be claimed separately. Requests for reimbursement of travel expenses which are incurred in different fiscal years must be claimed separately. A brief statement, one line if possible, of the purpose or objective, of the trip must be entered on the line immediately below that last entry for each trip. If the claim is for several trips for the same purpose or objective, one statement will suffice for those trips. Vouchers/receipts which are required in support of various expenses must be arranged in chronological order and attached to the claim (small receipts must be attached to an 8 1/2 x 11 sheet). Each voucher/receipt must show the date, cost, and nature of the expense.

MULTIPLE PAGES -- If your claim is more than one page, indicate page number and total number of pages. DO NOT total each page. Enter the total amount of the claim on the last page of the claim in the space "CLAIM TOTAL."

COLUMN ENTRIES

(1)   MONTH/YEAR - Enter numerical designation for month and last two digits of the year in which the first expenses shown on the form were incurred.

(2)   DATE/TIME - Enter the date and time of departure on the appropriate line using twenty-four hour clock (example: 1700 = 5:00 p.m.). Show time of departure on date of departure, show time of return on the date of return. Where the first date shown is a continuation of trip, enter "Continuing" above the date, and where a trip is continuing beyond the last date, write "Continuing" after the last date.

(3)   LOCATION WHERE EXPENSES WERE INCURRED - Enter the name of the city, town, or location where expenses were incurred. Abbreviations may be used.

(4)   LODGING - Enter the actual cost of the lodging not to exceed the maximum amount authorized by current Department of Personnel Administration (DPA) regulations, bargaining agreements, and detailed in the State Administrative Manual (SAM) Sections 0721 - 0724.

(5)   MEALS - Enter the actual cost of each meal not to exceed the maximum amount for each meal as authorized by current DPA regulations, bargaining agreement, and detailed in SAM sections 0721 - 0724 and 0727 - 0728. Dinner column is to be used to claim dinner on regular travel, overtime meals, and long term, noncommercial and relocation daily meal expenses.

OVERTIME MEAL AND BUSINESS RELATED MEAL - Enter the actual cost of the meal not to exceed the maximum amount authorized by current DPA regulations, and bargaining agreements. Refer to DPA Regulations for receipt requirements.

(6)   INCIDENTALS - Enter the total actual cost of incidentals not to exceed the maximum amount authorized by current DPA regulations and agreements.

(7)   TRANSPORTATION - Purchase the least expensive round-trip or special rate ticket available. Otherwise the difference will be deducted from the claim. If you travel between the same points without using round-trip tickets, an explanation should be given.

(A)   COST OF TRANSPORTATION - Enter the cost of cash purchase of transportation. Show how transportation was obtained if fare was not purchased for cash. Use "CC" for credit card and "C" for cash. If transportation was paid by the State, enter method of payment only. Use "SCC" for State credit card, "TO" for ticket order or "BSA" for billed to State agency. Attach all passenger coupons and ticket order stubs including the unused portion of tickets, other credit documents or premiums, where credits or refunds are due to the State.

(B)   TYPE OF TRANSPORTATION USED - Enter method of transportation used. Use "R" for railway, "B" for bus, air porter, light rail, or BART, "A" for scheduled commercial airline, "RA" for rental aircraft, "PC" for privately owned car, truck or other privately owned vehicles, "SV" for specially equipped vehicle for the handicapped, "SC" for State vehicles, "RC" for rental vehicles, "T" for taxi, and "BI" for bicycle.

Supervisors shall not authorize the use of motorcycles on official State business, and no reimbursement will be allowed for motorcycles.

(C)   CARFARE, TOLLS, AND PARKING - Enter carfare, bridge tolls, and parking charges. Refer to DPA Regulations for receipt requirements.

(D)   PRIVATE CAR USE - Enter number of miles traveled and amount due for mileage for the use of privately owned automobiles as authorized by current agreements, regulations and detailed in SAM section 0754.

(8)   BUSINESS EXPENSE - Claims for phone calls must include the place and party called. Refer to DPA Regulations for receipt requirements. Emergency purchases of equipment, clothing or supplies, and all other charges in excess of $1.00 require receipts and an explanation.

(9)   ENTER TOTAL EXPENSES FOR DAY

(10)   ENTER CLAIM TOTAL

(11)   PURPOSE OF TRIP, REMARKS AND DETAILS - Explain need for travel and any unusual expenses. Enter detail or explanation of items in other columns, if necessary. Vouchers must be provided for any miscellaneous item of expense.

(12)   NORMAL WORK HOURS - Enter your beginning and ending normal work hours using twenty-four-hour clock (example: 0800 = 8:00 a.m.).

(13)   PRIVATE VEHICLE LICENSE NUMBER - Enter license number of the privately owned vehicle used on official State business. To claim reimbursement, you must have met the requirements as prescribed by SAM sections 0751 - 0753 pertaining to operator requirements, vehicle safety, seat belt usage and authorization.

(14)   MILEAGE RATE CLAIMED - Enter rate of reimbursement being claimed for private vehicle use.

(15)   CLAIMANTS CERTIFICATION AND SIGNATURE - Your signature certifies that expenses claimed were actually incurred and that the cost of operating the vehicle is at or above the rate claimed.

(16)   SIGNATURE OF OFFICER APPROVING PAYMENT - Certifies and authorizes travel; approves expenses as incurred on State business.

(17)   SIGNATURE OF AUTHORITY FOR SPECIAL EXPENSES - When a claim for conference or convention expense under Section 599.635 of the DPA regulations and detailed in SAM Section 0724 is included, or when reimbursement of a business expense exceeds $25.00 or when reimbursement for BAR dues or license fees is included, the signature of the approving officer is required, either on a separate document attached to this claim or by signature in this block.

(18)   PROGRAM USE - Enter PCA(s) and percent (%) to be charged. Enter dates of trip/expense if PCA(s) must be charged different for specific trip expenditures.

Privacy Statement